

# STATE OF DELAWARE



## **DELAWARE HEALTH AND SOCIAL SERVICES**

**DIVISION OF MANAGEMENT SERVICES**

**"DMS Serving Those Who Serve Delaware"**

### **SPECIFICATIONS AND CONTRACT DOCUMENTS NO.# 7233**

**FOR**

**PERSONAL CARE PRODUCTS**

**Required for Use By**

**VARIOUS DELAWARE STATE AGENCIES**

**Deposit  
Performance Bond  
Date Due**

**Waived  
Waived  
August 8, 2008  
11:00 AM Local Time**

**DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF MANAGEMENT SERVICES  
PROCUREMENT BRANCH- MAIN BLDG., ROOM 260  
HERMAN M. HOLLOWAY SR. HEALTH AND SOCIAL SERVICES CAMPUS  
1901 N. DUPONT HIGHWAY  
NEW CASTLE, DELAWARE 19720**

## **INVITATION TO BID #7233**

Sealed bids for **PERSONAL CARE PRODUCTS** for Various Delaware State Agencies must be received by the Delaware Health & Social Services, Procurement Branch, Main Administration Building, Second Floor, Room #260, 1901 North DuPont Highway, (South Loop) Herman M. Holloway Sr., Health & Social Service Campus, New Castle, Delaware 19720, until **11:00 AM LOCAL TIME ON AUGUST 8, 2008**, at which time they will be opened, read and recorded.

Specifications may be obtained at the above office. Phone: (302) 255-9295.

**PLEASE NOTE:** The following paragraphs hereby become part of the General Terms and Conditions of this bid.

**1, 2, 3, 4, 5, 6, 7, 8, 10, 13, 15, 16 and 27 PLEASE ALSO SEE**

**SPECIAL TERMS AND CONDITIONS AND THE SPECIAL NOTE**

**REGARDING SAMPLES.**

Please review the General Rules and Conditions and the General Requirements for Non-Food, which appear on the DHSS website. **The following forms must be included with your bid: 1) the Bidder Signature Form, 2) the Vendor Certification Form and 3) the Office of Minority and Women Business Enterprise Forms.** All of these documents can be accessed on the DHSS website:

**<http://dhss.delaware.gov/dhss/rfp/dhssrfp.htm>**

**NOTE TO VENDORS:** Your bid **must be signed** and all information on the signature page completed.

If you do not intend to submit a bid, please send an e-mail to the buyer for this bid, stating that you do not intend to bid on this contract and would like to remain on the mailing list.

**IMPORTANT:**      **ALL BIDS MUST HAVE ON THE OUTSIDE ENVELOPE OUR (4) FOUR DIGIT CONTRACT NUMBER. IF THIS NUMBER IS OMITTED YOUR BID WILL IMMEDIATELY BE REJECTED.**

**ALL BIDS MUST BE DELIVERED TO THE ADDRESS ON THE BID ENVELOPE. UNDER NO CIRCUMSTANCES WILL A BID BE ACCEPTED THAT IS :**

**---LATE  
---DELIVERED TO THE WRONG BUILDING  
---SIGNED FOR BY A PERSON OTHER THAN A MEMBER  
OF THE PROCUREMENT STAFF.**

**DELIVERY INSTRUCTIONS:**

**TO INSURE THAT YOUR BID IS IN THE PROCUREMENT OFFICE ON THE DATE AND THE TIME SPECIFIED, THERE ARE THREE (3) RECOMMENDED METHODS OF DELIVERING BID PROPOSALS LISTED BELOW:**

- 1.      HAND DELIVER**
- 2.      FEDERAL EXPRESS**
- 3.      UPS**

**FOR FURTHER BIDDING INFORMATION PLEASE CONTACT:**

**BUYER:            ANNETTE OPALCZYNSKI  
                     DELAWARE HEALTH & SOCIAL SERVICES  
                     PROCUREMENT BRANCH  
                     MAIN ADMIN. BLDG., ROOM 260  
                     1901 NORTH DUPONT HIGHWAY  
                     HERMAN M. HOLLOWAY SR.,  
                     HEALTH & SOCIAL SERVICES CAMPUS  
                     NEW CASTLE, DELAWARE 19720**

**PHONE:           (302) 255-9295**

## **SPECIAL TERMS & CONDITIONS**

- 1) Prices are to be held from **OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009.** Basis for awarding purchase orders against this quotation include but are not limited to low bid, vendor performance record, lead time, trade and cash discounts and shipping costs. Determining factors to be those in the best interest of the Department of Health & Social Services, State of Delaware.  
  
In case of any doubt or difference of opinion as to the items to be furnished hereunder, the decision of the Chief of Procurement of the Department of Health & Social Services shall be final and binding upon both parties.
- 2) **VENDORS MUST SUBMIT A CURRENT COPY OF THEIR DELAWARE BUSINESS LICENSE WITH THEIR BID. TO APPLY FOR A LICENSE, CALL 302-744-1085.**
- 3) Escalator clauses will not be acceptable.
- 4) **Minimum case requirements will not be accepted. The State of Delaware will only honor minimum order requirements of \$50.00.**
- 5) Option to extend contract for an additional (1) one year period if agreed upon by all parties.
- 6) **Deliveries must be F.O.B. destination to all state agencies.**
- 7) Purchase orders will be issued as needed by various agencies.
- 8) Upon delivery, product shall be inspected by an authorized representative of Delaware Health & Social Services, and if found defective or if it fails in any way to meet specifications as indicated in the bid quotation section, it may be rejected. The decision(s) of the Chief of Procurement of the Department of Health & Social Services shall be final. All rejected material will be replaced by the supplier within seven (7) days.
- 9) **Only one price per item will be accepted. Multi bracket pricing will be disallowed.**

- 10) **INMATE PERSONAL CARE ITEMS MUST NOT CONTAIN ANIMAL PRODUCTS. SAMPLES OF THESE ITEMS SHOULD BE MAILED TO THE DEPARTMENT OF CORRECTIONS AS LISTED IN "SPECIAL NOTE ABOUT SAMPLES SECTION".**
- 11) Packaging must be adhered to. All items must be stated as "each, "box" or other specified quantity. Any vendor who fails to identify quantity, package size, catalogue # or unit size will be disqualified.
- 12) **Samples of finger nail clippers, toe nail clippers, plier type toe nail clippers and any other product bid other than specified must have samples submitted prior to the bid opening date. Failure to comply will disqualify your bid. Any samples submitted may be returned to the vendor upon their request and expense.**
- 13) Contract can be utilized by any state facility or agency in the State of Delaware. This may increase quantities beyond the projected manner.
- 14) Please note, all samples may be returned by written request, at the expense of the vendor. This request is to be made at the time of the bid opening. Items are to be picked up thirty (30) days after the bid has been completed.
- 15) **Failure of a vendor to deliver within the time specified or within reasonable time as interpreted by the agency, shall permit the agency to purchase in the open market, products of comparable grade to take the place of those products that were not delivered. On all such purchases, the vendors shall reimburse the agency for an expense incurred in excess of contract prices.**

- 16) **If the awarded vendor cannot supply an item, he must get approval to submit an approved equal at the same price, from Delaware Health and Social Services, Procurement Office. This must be done prior to delivery. If the vendor fails to supply an item, Delaware Health & Social Services has the right to authorize the ordering agency to order an equivalent product on the open market and to charge the vendor the price difference.**
- 17) **When an error is made in extending total prices, the unit bid price will govern. Carelessness in quoting prices, or in preparation of the bid will not relieve the bidder. Erasures in bids must be explained over signature of bidder. All prices must be rounded off to two decimal places. Three decimal places will not be accepted. Example: 10.624 should be rounded off to 10.62. Failure to do so will mean disqualification of said item.**
- 18) The successful vendor is required to "Bill as Shipped" to the respective ordering agency (s). Ordering agencies shall provide at a minimum the contract number, ship to and bill to address, contract name and phone number.
- 19). The agencies will authorize and process for payment each invoice within thirty (30) days after the date of receipt. **The vendor must accept full payment by credit card or conventional check and/or other electronic means at the State's option, without imposing any additional fees or restrictions.**
- 20) All items delivered during the life of the contract shall be of the same type and manufacture as specified in the bid, unless specific approval is given by DHSS-Procurement to do otherwise. Substitutions require the submission of written specifications and product evaluation prior to any approvals being granted.
- 21). Vendors are required to have either a local telephone number with the area code, or a toll free number to accept calls. Each agency is responsible for placing their orders and this may be accomplished by purchase order, telephone, fax or computer online systems.
- 22) Force Majeure: Neither the contractor (vendor) nor the ordering agency shall be held liable for non-performance under the terms and conditions of this contract due, but not limited to government restriction, strike, flood, fire or unforeseen catastrophe beyond either party's control. Each party shall notify the other in writing of any situation that may prevent performance under the terms and conditions of this contract.

- 23) Hold Harmless: The contractor (vendor) agrees that it shall indemnify and hold the State of Delaware and all its agencies harmless from and against all claims for injury, loss of life, or damage to or loss of use of property cause or alleged to be caused by acts of omissions of the contractor, its employees and invitees on or about the premises and which arise out of the contractor's performance or failure to perform as specified in the agreement.
  
- 24) Vendor Emergency Response Point of Contact: The vendor shall provide the names and telephone numbers of those individuals who can be contacted twenty-four hours a day, seven (7) days a week if there is a critical need for commodities or when the Governor of the State of Delaware declares a State of Emergency. Failure to provide this information could render the bid non-responsive.

## **SPECIAL NOTE ABOUT SAMPLES**

**All samples should be provided free of charge and mailed prior to the bid opening date. Please label all samples by referencing the item number on the bid.**

### **INMATE PERSONAL CARE SECTION:**

**Vendors who bid items in the Inmate Personal Care Section should mail their samples to:**

The Department of Corrections  
Att: Mr. Paul Giery  
Purchasing Office  
245 McKee Road  
Dover, DE 19904  
302-739-5601

### **ALL OTHER SAMPLES SHOULD BE MAILED TO:**

Delaware Health & Social Services  
Herman Holloway Campus  
Att: Annette Opalczynski  
Main Admin. Bldg, 2nd Floor --Room 260  
1901 N. Dupont Hwy.  
New Castle, DE 19720  
302-255-9295



Item #		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
100	<u><b>PERSONAL CARE PRODUCTS</b></u>  <u>LEVER BROTHERS</u>  LUX BEAUTY SOAP, Wrapped 72/3.2 oz./case <b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____	-0-	case	-----	
101	DOVE, /Bath Size, 72/4.75 oz./case <b>NO SUBSTITUTES-Must be Dove Soap</b>  <b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____	75	case		
102	CARESS, Bath Size, 72/4.75 oz./case <b>NO SUBSTITUTES</b>  <b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____	-0-	case	-----	

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
103	SUNLIGHT DISHWASHING LIQUID WITH LEMON 12/28 oz./case	42	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

104	JOY DISHWASHING LIQUID <b>NO SUBSTITUTES</b> 8/32 oz./case	24	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

105	PUREX , 12/3 lb.case <b>MUST BE A POWDER DETERGENT</b>	270	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

106	ALL CONCENTRATED, 18 lb. box with scoop, Ultra 110/use/box	6	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
107	ALL, CONCENTRATED, 50 lb./bags	-0-	bags	-----	
	25 lb./box	-0-	box	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

108	ALL, LIQUID, 4/160 oz./case	-0-	case	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
109	<u>ORAL CARE</u>  AIM TOOTH GEL , Cavity Protection Gel, 6.0 oz., <b>NO SUBSTITUTES</b>  <b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____	-0-	case	-----	
110	PEPSODENT TOOTH BRUSH available in Hard, Medium and Soft Texture 72/case Junior Child  <b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____	-0- -0-	case case	----- -----	
111	PEPSODENT TOOTH BRUSH, CELLO PAX, WITH HOLE IN HANDLE #383835 Soft to Medium, * No Longer Available in 144/case. <b>Packaging changed by Manufacturer</b>  <b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____	5	case		
112	SIGNAL MOUTHWASH, 12/24 oz./case  <b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____	-0-	case	-----	

Item #	DESCRIPTION	QUANTITY	UNIT	<u>UNIT PRICE</u>	<u>TOTAL PRICE</u>
113	NON-ALCOHOL MOUTHWASH Baxter T.L.C. or approved equal				
	4 oz. btl.	3,192	each	_____	
	6 oz. btl.	12	each	_____	
	16 oz. btl.	-0-	each		
	<b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____				

114	SENSODYNE TOOTHPASTE 4 oz. <b>NO SUBSTITUTES</b>	132	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
300	<u>COLGATE- PALMOLIVE/</u> <u>MENNEN COMPANY</u>	-0-	case		
	FAB W/ FABRIC SOFTENER 14/39 oz./ case #05427			-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
302	DYNAMO II LIQUID, Concentrated 1/4, cup per washload, 9/64 oz. #48100	24	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
303	<u>ORAL CARE ITEMS</u>	-0-	case		
	COLGATE TOOTHPASTE #513 24/9 oz./case			-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
304	COLGATE TOOTHPASTE, #50900 24/6.4 oz./case <b>NO SUBSTITUTES</b>	16	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
305	COLGATE TOOTHPASTE #51400 24/4.6 oz./cs. Large <b>NO SUBSTITUTES</b>	10			
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
306	COLGATE TOOTHPASTE, #50500, 36/2.7 oz. Medium	12	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
307	COLGATE TOOTHPASTE #50200 48/.85 oz./cs,	-0-	case	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
308	COLGATE TOOTHPASTE #09782 240/case <b>NO SUBSTITUTES</b>	34	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
309	COLGATE TOOTHPASTE Tartar Control with Baking Soda & Peroxide 6.4 oz.- <b>NO SUBSTITUTES</b>	40	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
310	COLGATE SHAVING CREAM #85112 12/11 oz./case	96	case		
	<b>NO SUBSTITUTES</b>				
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
311	COLGATE SHAVING CREAM 1.5 oz.. 96/cs.	-0-	case	-----	
	<b>NO SUBSTITUTES</b>				
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
312	COLGATE TOOTHBRUSH W/HOLE IN HANDLE #55501, 144/case	51	case		
	<b>NO SUBSTITUTES</b>				
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
313	COLGATE CLASSIC TOOTHBRUSH Soft, compact head #55510 72/case	5	case		
	<b>NO SUBSTITUTES</b>				
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				



Item #	<u>DESCRIPTION</u>	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
314	<p>MENNEN BRUSHLESS SHAVE CREAM, #13155, Menthol 12/4.75 oz./case</p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>PRODUCT#</b> _____</p> <p><b>BOX/CASE</b> _____</p>	-0-	case	-----	
315	<p>SOFT STROKE SHAVE CREAM #17156, Regular 24/11 oz./case</p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>PRODUCT#</b> _____</p> <p><b>BOX/CASE</b> _____</p>	-0-	case	-----	
316	<p>MENNEN SKIN BRACER, Aftershave Lotion #2225456, 24/5 oz., bottles, case</p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>PRODUCT#</b> _____</p> <p><b>BOX/CASE</b> _____</p>	-0-	case	-----	
317	<p>MENNEN SKIN BRACER, Aftershave Lotion #25556, 24/3.5 oz., bottles/case</p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>PRODUCT#</b> _____</p> <p><b>BOX/CASE</b> _____</p>	-0-	case	-----	

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
318	AFTA SHAVE LOTION #29456 24/3 oz. bottles/case Regular - <b>No Substitutes</b>	16	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

319	MENNEN QUINSANA PLUS, Medicated Foot Powder, #37155, 12/3 oz. cans/case <b>NO SUBSTITUTES</b>	1	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

320	MENNEN BABY MAGIC LOTION #33356, 24/4 oz./btl./case	-0-	case	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

321	MENNEN SPEED STICK, Clean, Solid Anti-perspirant, Assorted Scents, 2 oz., 12/cs. <b>NO SUBSTITUTES</b>	116	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
322	IRISH SPRING, DEODORANT SOAP W/ ALOE, 4.5 oz., 72 bars/case	12	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	<u>DESCRIPTION</u>	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
500	<u>THE DIAL CORPORATION</u>	-0-	case		
	<u>BAR SOAP</u>				
	DIAL DEODORANT SOAP, 64 oz., Wrapped			-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
501	<b>PRODUCT#</b> _____	-0-	case		
	<b>BOX/CASE</b>				
	DIAL DEODORANT SOAP #98 Almond, Unwrapped 200/2.25 oz./case <b>NO SUBSTITUTES</b>			-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
502	<b>PRODUCT#</b> _____	132	case		
	<b>BOX/CASE</b>				
	DIAL DEODORANT SOAP, #910, Gold 72/3.5 oz./case wrapped <b>NO SUBSTITUTES</b>				
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
503	<b>PRODUCT#</b> _____	-0-	case		
	<b>BOX/CASE</b>				
	DIAL DEODORANT SOAP #920 Gold, Wrapped, 72/5 oz./case			-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b>				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
504	DIAL MOUNTAIN FRESH #330, 72/4.75 oz./case <b>NO SUBSTITUTES</b>	-0-	case	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
505	DIAL COMPLETE ANTIMICROBIAL FOAMING HAND SOAP 7.5 oz. 12.cs.	-0-	case	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
506	DIAL SCENTED ROLL-ON #07685-01, 1.5 oz., 96/case	12	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
507	DIAL SOLID ANTI-PERSPIRANT AND DEODORANT- Assorted Scents for Men and Women	10	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	<u>UNIT PRICE</u>	<u>TOTAL PRICE</u>
508	DIAL LONG LASTING ANTI-PERSPIRANT, AEROSOL, 4 oz., 24/case				
	#00886 Scented	-0-	case	-----	
	#885 Fresh	-0-	case	-----	
	#00884 Unscented	44	case		
	<b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____				
509	DIAL LONG LASTING ANTI-PERSPIRANT, AEROSOL #886 Scented, 12/6 oz./case	-0-	case	-----	
	<b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____				
510	DIAL LONG LASTING ANTI- PERSPIRANT, AEROSOL, #880, Regular Scent 24/2.5 oz./case	-0-	case	-----	
	<b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
700	<b>WARNER - LAMBERT COMPANY:</b>  <b>LISTERMINT, PLASTIC BOTTLE,</b> <b>NO SUBSTITUTES</b> 2 Gallons per case #70091	15	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
701	EFFERDENT #63639- <b>NO SUBSTITUTES</b> Denture Cleaner Tablets, 90/box, 6/case	25	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
702	EFFERDENT DENTURE CLEANSER #63971, Medium 12 pkg. <b>NO SUBSTITUTES</b>	1	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
703	EFFERDENT DENTURE CLEANSER #63970, Regular , 24/pkg. 20 tablets/pkg./case <b>NO SUBSTITUTES</b>	-0-	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
704	EFFERGRIP CREAM #63965, 12/case 2 1/2 oz.- <b>NO SUBSTITUTES</b>	29	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

705	EFFERGRIP CREAM, #63966, 24 pkg./ 1 1/2 oz./case	-0-	case	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

706	COOL MINT LISTERINE, GALLON, PLASTIC, #42750 2/case	-0-	case	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

707	LUBRIDERM LOTION #04240 12/6 oz./case <b>NO SUBSTITUTES</b>	12	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

708	LUBRIDERM LOTION #04245 12/10 oz./case	-0-	case	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				



Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
709	LUBRIDERM LOTION #04246 12/16 oz./case	-0-	case	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

710	LUBATH BATH OIL, #48910, 12/8 oz./case	1	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

711	SCHICK DISPOSABLE RAZOR, #09480 Twin Blades with sliding safety cap, bulk pack 500/case <b>NO SUBSTITUES</b>	60	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

711A	SCHICK X-TREME 3, COMFORT PLUS FOR X-TRA SENSITIVE SKIN <b>NO SUBSTITUES</b>	1	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
713	ANTI-BACTERIAL LOTION	-0-	case		
	Huntington Labs, Accent Plus or equal,			-----	
	8 oz./btl.				
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	<u>DESCRIPTION</u>	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
800	<u>MISCELLANEOUS HEALTH CARE ITEMS</u>	-0-	case		
	SHOE COVER, Non-Skid, Non- Conductive with Anti-Skid Strips Medi-pak			-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
801	COTTON TIP SWABS, 3” Long Sterile, Cotton on both ends	4	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
802	RAZOR, BIC DISPOSABLE, White with Yellow Safety Cap, 20/pkg.48 pkg./case #CK8660-1	-0-	pkg.		
	<b>MFG. NAME</b> _____			-----	
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
803	RAZOR, BIC DISPOSABLE, Sensitive Skin 10/pkg. <b>NO SUBSTITUTES</b>	12	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
804	EMERY BOARD, GRAHAM FIELD, #80-1778, 4 1/2", 100/bag	22	bag		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
805	ORANGE MANICURE STICKS	21	box		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
806	TOOTHETTES, Halebrand #5602 1000/case	27	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
807	FINGER NAIL CLIPPER, Nickel, Chrome plated, Happy Harry Brand #HH31008 - <b>Must Submit Sample</b>	626	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
808	TOE NAIL CLIPPER, Nickel Chrome plated, Happy Harry brand, #HH31007 <b>Must Submit Sample</b>	426	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
809	HEAVY DUTY NAIL NIPPERS, Plier Type, Chrome plated, 4 1/2" Graham Field #1792 - <b>Must Submit Sample</b>	28	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
810	NAIL CLIPPER WITH COIL SPRING AND CONCAVE CUTTING EDGE, Graham Field, #1790 5 1/2"	-0-	each	-----	
	<b>Must Submit Sample</b>				
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
811	WILKINSON DISPOSABLE RAZOR #60210, 5 each/bag 2/bags/box 6 box/case	-0-	case	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
812	SHAMPOO, 15 oz., Normal, Oily, and Dry	-0-	each	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
813	SPRAY DETANGLER, Pump Bottle 18 oz.	-0-	case	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
814	BLACK HAIR CARE, 15 oz., T.C.B.	136	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
815	CURL ACTIVATOR, Donnies	-0-	each	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
816	CRÈME OF NATURE SHAMPOO Moisturizing	-0-	each	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
817	AFRICAN PRIDE MIRACLE GRO	200	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
818	SOAP HOLDER, hinged plastic soap box, 2 1/2" W x 1 1/2" HY, 4" L	224	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
819	TOOTHBRUSH HOLDER TUBULAR	1088	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

820	POUNDS, DRY SKIN CREAM , 3.9 oz.	12	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

821	BABY POWDER, SWAN 14 oz.	84	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

822	BABY OIL, SWAN, 16 oz.	1000	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

823	BACITRACIN OINTMENT, 1 oz.	552	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				



Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
824	BANALAG LIQUID, 2 oz.	175	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

825	DESITIN OINTMENT, <b>No Substitutes</b>	1 12	case case		
	2 oz. Tube			_____	
	4 oz. Tube				
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

825A	CREAMY DESITIN OINTMENT, 4 oz. Tube <b>NO SUBSTITUTES</b>	30	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

826	TRIPLE ANTIBIOTIC OINTMENT , 1 oz.	635	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

827	MOUTH, FRESH -N- KLEEN MDS 0950-40, 4 oz., 60/cases	-0-	case		
	<b>MFG. NAME</b> _____			-----	
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
828	DANDRUFF SHAMPOO WITH CONDITIONER - <b>Must Be for Men and Women</b> , 14.5 oz., 12/case	17	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
829	DANDRUFF SHAMPOO WITH CONDITIONER, 4 oz., 60/cs.	-0-	cases	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
830	TEARLESS BABY SHAMPOO 16 oz., Lander <b>MUST SUBMIT SAMPLE</b>	321	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
831	SUNSCREEN - SPF45, Waterproof and Paba Free				
	4 oz.	12	each		
	8 oz.	8	each		
	16 oz.	72	each		
	<b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____				
832	THERAPEUTIC BATHOIL, 12/16 oz./case	4	case		
	<b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____				
833	XTRA CARE LOTION, 12 oz./24 cs.				
	NO SUBSTITUTES	117	case		
	<b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
834	XTRA CARE LOTION, 4 oz., 60/cs. <b>NO SUBSTITUTES</b>	-0-	case		
				-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
835	MEDICATED BODY POWDER	-0-	case		
				-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
836	MEDICATED BODY POWDER Caldesene or approved equal 2.5 oz./24/cs. #00-8504	79	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
837	DEODORANT SPRAY, UNSCENTED, Pump Spray- <b>Must Be Pump Spray</b> <b>Alcohol Free 2 oz., 48/case</b> #PPKHM00010028 or equal	15	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
838	SUAVE SOLID DEODORANT, Regular 1.75 oz or 2 oz.	-0-	case	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
839	BODY SOAP, - 100% Pure CoCoa Butter Bar Soap- 3 oz., Individually Wrapped	-0-	each	-----	
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
840	PLASTIC SOAP DISH 2- Piece, Natural	720	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
841	ACCENT PLUS, Hunnington, Antibacterial Skin Lotion, 4 oz. bottle, 72 bottles/case <b>NO SUBSTITUTES</b>	32	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
842	COMBS, 8 inch, Plastic	250	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
843	HAIR NETS	12	box		
	Light Weight, Nylon				
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
844	STANDARD HAIRBRUSH, 8"	340	each		
	Bob Barker, #HB				
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
845	COMB, AFRO WIDE WITH HANDLE	112	each		
	Bobby #37 or approved equal.				
	<b>MUST SUBMIT SAMPLE</b>				
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
846	SECRET DEODORANT FOR WOMEN,	115	case		
	Solid, Assorted Scents , 2.7 oz.				
	<b>NO SUBSTITUTES</b>				
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
847	PUMP SPRAY ANTIPERSPIRANT DEODORANT, ALCOHOL FREE, #MSCO95012 <b>MUST SUBMIT SAMPLE</b>	15	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
848	SUAVE COCO BUTTER LOTION, 10 oz, 6/case  <b>NO SUBSTITUTES</b>	100	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
849	SUAVE DAILY CLARIFYING SHAMPOO, 15 oz., 6/case  <b>NO SUBSTITUTES</b>	108	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
850	PERSONAL CARE KITS FOR INDIVIDUAL USE, Packed in recloseable plastic bags, 1.5 oz single application in individual packets. Must contain the following: Antibacterial/ Deodorant Soap, Comb, Razor, Toothbrush, Toothpaste, Shaving Cream, Stick Deodorant <b>MUST SUBMIT SAMPLE</b>	15	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
851	PETROLEUM JELLY, 15 oz., Jars	2	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
852	BODY WASH FOR MEN Assorted Scents 12 oz., 6/case	60	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
853	LIQUID ANTI-BACTERIAL SOAP 16 oz.	24	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				



	<u><b>INMATE PERSONAL CARE SECTION:</b></u>  <u><b>*All of the items listed in this section must not contain animal products.</b></u>  <u><b>*Free samples must be sent to the Department of Corrections prior to the bid opening at:</b></u>  <b>The Dept. of Corrections  Paul Giery  Purchasing Office  245 McKee Road  Dover, DE 19904</b>				
Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1000	SOAP, Unwrapped, non-floating, milled cake type, antibacterial, deodorant soap, 3 oz., 200/case Spring Fresh or approved equal. <b>MUST SUBMIT SAMPLE</b>  <b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____	1460			

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1001	RAZORS, Disposable, single blade, <b>BIC BRAND- NO SUBSTITUTES-</b> Safety Razors. 10/bag, 72 bags/case	473	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1002	TOOTHPASTE, <b>NO ANIMAL</b> <b>PRODUCTS</b> , Spring Fresh or approved equal. <b>MUST SUBMIT SAMPLE</b> 144/box, 720/case, .85 oz tube	650	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1003	TOOTHPASTE, <b>NO ANIMAL PRODUCTS</b> , Spring Fresh or approved equal. <b>MUST SUBMIT SAMPLE</b> 144/box, 720/case .6 oz tube	110	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1004	TOOTHBRUSHES- Individually wrapped. Poly Owens # 176-23, 144/box or approved equal. Hospital care 2 gross/case <b>MUST SUBMIT SAMPLE</b>	1024	box		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1005	SHAVE CREAM, 5 oz. in a tube Freshstart or approved equal, 60/case <b>MUST SUBMIT SAMPLE</b>	-0-	case		
	<b>MFG. NAME</b> _____			-----	
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1006	DEODORANT, Liquid, .5 oz. Dawn Mist or approved equal, 144/case <b>MUST SUBMIT SAMPLE</b>	1	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1007	SKIN CARE LOTION, 4 oz., <b>No Squirt Lid</b> , Crawford Skin Care #20028, 72/case or approved equal. <b>MUST SUBMIT SAMPLE</b>	72	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1008	SHAMPOO PACKETS, .25 oz, Crawford Single, #20188, 1000/case or approved equal. <b>MUST SUBMIT SAMPLE</b>	62	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1008A	SHAMPOO, 4 oz., Amerfresh or approved equal., 60/case <b>MUST SUBMIT SAMPLE</b>	8	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1009	SANITARY NAPKINS, Maxi-Thins <b>Super Heavy</b> Maxi Pads beltless with adhesive strips. 12/24 Pks/case <b>MUST SUBMIT SAMPLE</b>	783	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1009A	SANITARY PADS, Super Heavy Maxi Pads beltless with adhesive strips with wings, 12/24 Pks/case <b>MUST SUBMIT SAMPLE</b>	58	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1010	SANITARY NAPKINS Maxi-Thins, <b>Ultra Thin</b> Maxi Pads, Beltless with Adhesive Strips. 12/24 pks/case- <b>MUST SUBMIT SAMPLE</b>	12	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1011	PERSONAL CARE KITS: For Individual Use, packed in recloseable plastic bags. 1.5 oz. single application/individual packets. 144/case Crawford or approved equal. <b>Must contain deodorant, shampoo, lotion with non-squirt lid, and soap and comb. MUST SUBMIT SAMPLE</b>  <b>MFG. NAME</b> _____ _____ _____ <b>BOX/CASE</b> _____	105	case		

1012	PERSONAL CARE KITS: For Individual Use, packed in recloseable plastic bags. 1.5 oz. single application/individual packets. <b>Must contain deodorant, shampoo &amp; shaving cream. MUST SUBMIT SAMPLE</b>  <b>MFG. NAME</b> _____ _____ _____ <b>BOX/CASE</b> _____	-0-	kits	-----	
------	--	-----	------	-------	--

1013	DEODORANT SOAP, WRAPPED 1.5 oz. bars, Spring Fresh or approved equal. 500/case. <b>MUST SUBMIT SAMPLE</b>  <b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>PRODUCT#</b> _____ <b>BOX/CASE</b> _____	322	case		
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Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1014	DEODORANT SOAP, WRAPPED 1 oz. bars, Spring Fresh or approved equal. 500/case. <b>MUST SUBMIT SAMPLE</b>	2	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1015	COMB, 7" Black Comb, Amercare #1015 or approved equal. 1,440/case- <b>MUST SUBMIT SAMPLE</b>	11	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1016	ETHNIC HAIR CONDITIONER 24/case., 1.5 oz. each. Crawford Proline Hair Conditioner #21229 or approved equal. <b>NO ANIMAL PRODUCTS MUST SUBMIT SAMPLE</b>	80	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1017	ELASTIC PONYTAIL BANDS 18/pk-108/case Crawford Supply #20362 or approved equal. <b>MUST SUBMIT SAMPLE</b>	30	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				

Item #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1018	EXAM GLOVES, Powder Free Synthetic, Latex free Vinyl, Size Large 100/Box, 10 boxes/case Cypress Medical Products or approved equal <b>MUST SUBMIT SAMPLE</b>	12	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1019	DEEP WOODS OFF, Aerosol, 12/case., #2184 or approved equal  <b>MUST SUBMIT SAMPLE</b>	16	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				
1020	LICEANATOR INSECTICIDE Aerosol, 12/case, #439-3387 or approved equal  <b>MUST SUBMIT SAMPLE</b>	11	case		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>PRODUCT#</b> _____				
	<b>BOX/CASE</b> _____				